

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-562,496

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		①				
6		①				
7		①				
8		①				
9		①				
10		①				
11		①				
12		①				
13	1					
14		1				
15		1				
16		1				
17		1				
18		5				
19		①				
20		①				
21		①				
22		①				
23		①				
24		①				
25		①				
26		①				
27		①				
28		①				
29			1			
30				1		
31				1		
32				1		
33				1		
34				1		
35				1		
36				1		
37				1		
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41				1		
42			1			
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	32	←		←		←
TOTAL CLAIMS	34					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52				1		
53				1		
54				1		
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99						
100						
TOTAL IND.		↓		2	↓	
TOTAL DEP.		←		27	←	
TOTAL CLAIMS				29		